

TOTAL HEALTH PROGRAM: REASSESSMENT HEALTH INDICATORS

INSTRUCTIONS TO RN Care Managers: The overall goal of tracking health indicators is to improve the health outcomes of Total Health Program (THP) participants, over time, via screening and subsequent intervention.

At every reassessment period, complete a **Reassessment Health Indicators Instrument** and update the **Tracking Sheet**.

File the **Baseline and Reassessment Health Indicators Instruments** in participant's THP chart.

File the **updated Tracking Sheet** in the proper (subsequent) M/Y in the Tracking Sheet binder.

If a referral is made, file the **Referral Follow-Up Sheet** in the proper week in the Tracking Sheet binder.

Section I: Participant Information [Copy from completed Baseline Health Indicators Instrument.]

| | |
|---------------------------------|--|
| Clinic Site: | Date of Baseline Screening (MM/DD/YY): / / |
| Participant Name (Last, First): | Record Today's Date (MM/DD/YY): / / |
| Participant Phone: | CLIENT #: |

Section II: Reassessment Period [Obtain participant's Tracking Sheet and place a check (✓) next to the current reassessment period on **both** the Tracking Sheet and in the appropriate space below.]

| | | | | | | | | | | | | | | | |
|--|--------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|
| | 3 mos. | | 9 mos. | | 15 mos. | | 21 mos. | | 27 mos. | | 33 mos. | | 39 mos. | | 45 mos. |
| | 6 mos. | | 12 mos. | | 18 mos. | | 24 mos. | | 30 mos. | | 36 mos. | | 42 mos. | | |

Section III. Referrals & Wellness Activities [Complete at every reassessment period.]

| | |
|--|---------------------------------------|
| Was Participant Referred to a Provider or Service? (Check one box) [] Yes - Please complete a Referral Follow-Up Sheet [] No - Comments: | |
| 1. Was client referred to Wellness activities this period? (✓ all that apply): | [] Tobacco [] Nutrition [] Fitness |
| 2. Is client currently participating in Wellness activities? (✓ all that apply): | [] Tobacco [] Nutrition [] Fitness |
| 3. Has client completed Wellness activities this period? (✓ all that apply): | [] Tobacco [] Nutrition [] Fitness |
| 4. Did client receive dental treatment this period as a result of a referral from this grant? [] No [] Yes - Please complete Question 5 below. | |
| 5. Using the scale below, circle the number that best corresponds to how the client rates his/her level of improvement as a result of dental treatment: | |
| 0 1 2 3 4 None Some Great | Comments: |

Section IV. Health Indicators [Complete at every reassessment period. Evaluators will convert height, weight, and waist circumference.]

| Health Indicators | | | | | |
|-------------------|--|--------|---|---------------------|---|
| Blood Pressure S | | Weight | = | Waist Circumference | = |
| Blood Pressure D | | Height | = | BMI | |

Please Record CLIENT # _____

Section V: LOCUS/IV Recovery Environment & NOMs [Complete at 6, 12, 18, 24, 30, 36, and 42 mos. Record LOCUS/IV Recovery Environment Level of Stress and Level of Support Dimension Scores (Range = 1-5). See electronic OMHIIS record for reassessment scores.]

| LOCUS/IV Recovery Environment | | | |
|--|-------------|---|--------------------|
| LOCUS/IV Recovery Environment Level of Stress: | [] | LOCUS/IV Recovery Environment Level of Support: | [] |
| NOMs Survey | | | |
| Was NOMs survey administered this period? | [] Yes | [] No | [] Don't Know |
| If No, is appointment scheduled? | [] Yes | [] No | [] Don't Know |
| If Yes, record appointment date (MM/DD/YY): | / / | [] | Don't Know |

Section VI: Lab Work [Complete at 12, 24, and 36 mos.]

| | | | | | |
|--------------------------------|---------|--------------------------------|---------|-----------|--|
| Did client fast 8 hours prior? | Y N | Lipid Total (Tot. Chol.) | | Lipid LDL | |
| Blood Glucose | | Lipid HDL | | Lipid TRI | |
| HgBA1C (if available) | | Date of Blood Draw (MM/DD/YY): | / / | | |
| Lab Work & Additional Notes: | | | | | |

Section VII: Current Medication List [Complete at every reassessment period. Please list or attach list of current medications used by participant within the last 30 days, including medications for pain. Please identify dose and prescribing doctor for each medication. Ask participant to bring bottles each visit.]

| Medication | Dose | Prescribing Doctor |
|------------|------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

INSTRUCTIONS TO RN CARE MANAGERS: File *Reassessment Health Indicators Instruments* in participant's THP chart. File the *updated Tracking Sheet* in the proper (subsequent) M/Y in the Tracking Sheet binder. File the *Referral Follow-Up Sheet* in the proper week of the Tracking Sheet binder. Contact Catherine Lemieux if you have any questions (578-1018, clemieu@lsu.edu)